10/6/4001

PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

Application or Docket Number

10614001

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ستنته		CLAIMS AS	(Column 1)		(Column 2)			SMALL ENTITY TYPE		ÖR	OTHER THAN	
TOTAL CLAIMS			20		114		· [RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		В	ASIC FEE	375.00	OR	basic fee	750.00
TOTAL CHARGEABLE CLAIMS			CO minus 20=		• \$			X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS .			3 minus 3 =		- 14		1	X42=			X84=	
MU	LTIPLE DEPEN	DENT CLAIM P	RESENT		/					ÓR		
* If the difference in column 1 is less than zero enter "0" in action 2							Ŀ	+140=		OR	+280=	
* If the difference in column 1 is less than zero, enter "0" in column 2						•	TOTAL		OR	TOTAL	330	
CLAIMS AS AMENDED - PART II							SMALL E	ÉNTITV	OR.	OTHER SMALL		
		(Column 1)		(Colur		(Column 3)		SWALL C		Un.	SWAGE	
AMENDMENT A		REMAINING AFTER AMENDMENT		NUMI PREVIO PAID	BER DUSLY	PRESENT EXTRA	Ŀ	RATE	ADDI- TIONAL FEE	, ,	RATE	ADDI- TIONAL FEE
	Total	• 16	Minus	** 2	20	=		X\$ 9=		OR	X\$18=	
	Indèpendent	. 2	Minus	***	3			X42=		, HO	X84=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						۱. ۲	+140=		OR	+280=	
			:		•		_	TOTAL			TOTAL	
		(Column 1)		(Colur	mn 2\	(Column 2)	AC	DIT. FEE			ADDIT. FEE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	EST BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		PATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	CI AINA	-		X42=		OR	X84=	
L_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140=		ОЯ	+280=	
						:	AĹ	TOTAL DIT. FEE	Carlos (A)	OR	TOTAL ADDIT. FEE	
	(Column 1) (Column 2) (Column 3)								e e e e e e e e e e e e e e e e e e e			٠.
AMENDMENT C		CLAIMS REMAINING AFTER AMENOMENT		HIĞH NUM PREVIC PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	Š ė .		=	ΙΓ	X\$ 9=		OR	X\$18=	
	Independent	•	Minus	***		3	-	X42=			X84=	
	FIRST PRESE	NTATION OF M	ULTIPLE DEPENDENT		CLAIM	AIM .		^~~		OR		
+140= OR +280=												
**	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." OR TOTAL ADDIT. FEE											
		mber Previously Pa					er found	in the app	ropriate bo	k in co	lumn 1.	